

NOTICE – Your report to the Census Bureau is **confidential** by law (U.S. Code 42, Sections 3789g and 3735). All identifiable information will be used only by persons engaged in and for the purposes of the survey, and may not be disclosed or released to others for any purpose.

BEFORE INTERVIEW – TRANSCRIBE FROM CONTROL CARD

Sample <i>(cc item 1)</i> J _____	Control number <i>(cc item 2)</i> PSU Segment CK. Serial	HH No. <i>(cc item 3)</i>
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ITEMS FILLED AT START OF INTERVIEW

1. Field representative identification

201

Code

Name

2. Unit status

202

☐ Unit in sample the previous enumeration period – *Fill 3*

☐ Unit in sample first time this period – **SKIP** to 4

3. Household status – *Mark first box that applies.*

203

☐ Same household interviewed the previous enumeration

☐ Replacement household since the previous enumeration

☐ Noninterview the previous enumeration

☐ Other – *Specify* _____

4. Line number of household respondent

204

_____ *Go to page 2*

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

5. Special place/GQ type code *(cc item 6d)*

205

6. Tenure *(cc item 8a)*

206

☐ Owned or being bought

☐ Rented for cash

☐ No cash rent

7. Land use *(cc item 9)*

207

☐ Urban

☐ Rural

8. Farm sales *(cc item 10)*

208

☐ Item blank

☐ \$1,000 or more

☐ Less than \$1,000

9. Type of living quarters *(cc items 11c and 11d)*

Housing unit

209

☐ House, apartment, flat

☐ HU in nontransient hotel, motel, etc.

☐ HU permanent in transient hotel, motel, etc.

☐ HU in rooming house

☐ Mobile home or trailer with no permanent room added

☐ Mobile home or trailer with one or more permanent rooms added

☐ HU not specified above – *Describe* _____

OTHER unit

☐ Quarters not HU in rooming or boarding house

☐ Unit not permanent in transient hotel, motel, etc.

☐ Unoccupied site for mobile home, trailer, or tent

☐ Student quarters in college dormitory

☐ OTHER unit not specified above – *Describe* _____

Use of telephone *(cc item 26a and b)*

10a. Location of phone – *Mark first box that applies.*

210

☐ Phone in unit

☐ Phone in common area (hallway, etc.) . .

☐ Phone in another unit (neighbor, friend, etc.)

☐ Work/office phone

☐ No phone – **SKIP** to 11a

10b. Is phone interview acceptable? *(cc item 26d)*

211

☐ Yes

☐ No

☐ Refused to give number

11a. Number of housing units in structure *(cc item 27a)*

212

☐ 1 – **SKIP** to 12a

☐ 2

☐ 3

☐ 4

☐ 5–9

☐ 10+

☐ Mobile home or trailer – **SKIP** to 12a

☐ Only OTHER units

11b. Direct outside access *(cc item 27b)*

213

☐ Yes

☐ No

☐ DK

☐ Item blank

OMB No. 1121-0111: Approval Expires 08/31/2000

FORM **NCVS-1**
(8-31-99)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ACTING AS COLLECTING AGENT FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

**NATIONAL CRIME
VICTIMIZATION SURVEY**

NCVS-1 BASIC SCREEN QUESTIONNAIRE

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD – Cont.

12a. Household Income *(cc item 28)*

214

☐ Less than \$5,000

☐ \$5,000 – 7,499

☐ 7,500 – 9,999

☐ 10,000 – 12,499

☐ 12,500 – 14,999

☐ 15,000 – 17,499

☐ 17,500 – 19,999

☐ 20,000 – 24,999

☐ 25,000 – 29,999

☐ 30,000 – 34,999

☐ 35,000 – 39,999

☐ 40,000 – 49,999

☐ 50,000 – 74,999

☐ 75,000 and over

12b. College/University *(cc item 8b)*

218

☐ Yes

☐ No

12c. Public Housing *(cc item 8c)*

219

☐ Item blank

☐ Yes (public housing)

☐ No (not public housing)

12d. Manager Verification of Public Housing *(cc item 8d)*

220

☐ Item blank

Able to verify

Unable to verify

☐ Public housing

☐ CATI/Telephone

☐ Not public housing

☐ Other – *Specify* _____

12e. Indian Reservation or Indian Lands *(cc item 8e)*

221

☐ Yes

☐ No

ITEMS FILLED DURING AND/OR AFTER INTERVIEW

13. Proxy information – *Fill for all proxy interviews*

a. Proxy inter-
view obtained
for Line No.

b. Proxy respondent

Name

c. Reason
*(Enter
code)*

301

302

303

304

305

306

307

308

309

310

311

312

Codes for item 13c

1 – 12-13 years old and parent refused permission for self interview

2 – Physically/mentally unable to answer

3 – TA and won't return before closeout

FILL INTER COMM

14. Type Z noninterview

a. Interview not
obtained for
Line No.

b. Reason
*(Enter
code)*

Codes for item 14b

313

314

1 – Never available

315

316

2 – Refused . . .

317

318

3 – Physically/
mentally
unable to
answer — no
proxy available

319

320

4 – TA and no proxy
available . .

5 – Other

6 – Office use only

► *Complete 17—28 for each Line No. in 14a*

15a. Household members 12 years of age and OVER

321

_____ Total number

15b. Household members UNDER 12 years of age

322

_____ Total number

☐ None

15c. Crime Incident Reports filled

323

_____ Total number of NCVS-2s filled

☐ None

16. Changes in Household Composition *(cc item 25a)*

a. Line No.

b. Reason *(Enter code)*

Only transcribe
changes
discovered during
the current
enumeration

324

325

326

327

328

329

330

331

Fill BOUNDING INFORMATION

NCVS-1

HOUSEHOLD RESPONDENT'S PERSONAL CHARACTERISTICS										
17. NAME (of household respondent)						18. Type of interview			19. Line No.	
Last						<div>401</div> <div>1 <input type="checkbox"/> Per. – Self-respondent</div> <div>2 <input type="checkbox"/> Tel. – Self-respondent</div> <div>3 <input type="checkbox"/> Per. – Proxy</div> <div>4 <input type="checkbox"/> Tel. – Proxy</div> <div>} Fill 13 on cover page</div>			<div>402</div> <div>Line No.</div>	
First										
AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD										
20. <i>(cc 13b)</i> Relationship to reference person	21. <i>(cc 17)</i> Age last birthday	22a. <i>(cc 18)</i> Marital status THIS survey period	22b. <i>(From previous enumeration)</i> Marital status LAST survey period	23. <i>(cc 19)</i> Sex	24. <i>(cc 20)</i> Armed Forces member	25a. <i>(cc 21a)</i> Education -highest grade	25b. <i>(cc 21b)</i> Education -complete that year?	26. <i>(cc 22)</i> Attending school	27. <i>(cc 23)</i> Race	28. <i>(cc 24)</i> His- panic origin
<div>403</div> <div>01 <input type="checkbox"/> Husband</div> <div>02 <input type="checkbox"/> Wife</div> <div>03 <input type="checkbox"/> Son</div> <div>04 <input type="checkbox"/> Daughter</div> <div>05 <input type="checkbox"/> Father</div> <div>06 <input type="checkbox"/> Mother</div> <div>07 <input type="checkbox"/> Brother</div> <div>08 <input type="checkbox"/> Sister</div> <div>09 <input type="checkbox"/> Other relative</div> <div>10 <input type="checkbox"/> Nonrelative</div> <div>11 <input type="checkbox"/> Ref. person</div>	<div>404</div> <div>Age</div>	<div>405</div> <div>1 <input type="checkbox"/> Married</div> <div>2 <input type="checkbox"/> Widowed</div> <div>3 <input type="checkbox"/> Divorced</div> <div>4 <input type="checkbox"/> Separated</div> <div>5 <input type="checkbox"/> Never married</div>	<div>406</div> <div>1 <input type="checkbox"/> Married</div> <div>2 <input type="checkbox"/> Widowed</div> <div>3 <input type="checkbox"/> Divorced</div> <div>4 <input type="checkbox"/> Separated</div> <div>5 <input type="checkbox"/> Never married</div> <div>6 <input type="checkbox"/> Not inter- viewed last survey period</div>	<div>407</div> <div>1 <input type="checkbox"/> M</div> <div>2 <input type="checkbox"/> F</div>	<div>408</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>409</div> <div>Grade</div>	<div>410</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>411</div> <div>0 <input type="checkbox"/> Regular school</div> <div>1 <input type="checkbox"/> College/ Univer- sity</div> <div>2 <input type="checkbox"/> Trade school</div> <div>3 <input type="checkbox"/> Voca- tional school</div> <div>4 <input type="checkbox"/> None of the above schools</div>	<div>412</div> <div>1 <input type="checkbox"/> White</div> <div>2 <input type="checkbox"/> Black</div> <div>3 <input type="checkbox"/> Amer. Indian, Aleut, Eskimo</div> <div>4 <input type="checkbox"/> Asian, Pacific Is- lander</div> <div>5 <input type="checkbox"/> Other</div>	<div>413</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
29. Date of interview						<div>501</div> <div>Month</div> <div>Day</div> <div>Year</div>				
30. Before we get to the crime questions, I'd like to ask you about some of YOUR usual activities. We have found that people with different lifestyles may be more or less likely to become victims of crime. On average, during the last 6 months, that is, since _____, 19 ____, how often have YOU gone shopping? For example at drug, clothing, grocery, hardware and convenience stores. <i>(Read answer categories until respondent answers yes.)</i> Mark (X) the first category that applies.						<div>502</div> <div>1 <input type="checkbox"/> Almost every day (or more frequently)</div> <div>2 <input type="checkbox"/> At least once a week</div> <div>3 <input type="checkbox"/> At least once a month</div> <div>4 <input type="checkbox"/> Less often</div> <div>5 <input type="checkbox"/> Never</div> <div>6 <input type="checkbox"/> Don't know</div>				
31. (On average, during the last 6 months,) how often have you spent the evening out away from home for work, school or entertainment? <i>(Read answer categories until respondent answers yes.)</i> Mark (X) the first category that applies.						<div>503</div> <div>1 <input type="checkbox"/> Almost every evening (or more frequently)</div> <div>2 <input type="checkbox"/> At least once a week</div> <div>3 <input type="checkbox"/> At least once a month</div> <div>4 <input type="checkbox"/> Less often</div> <div>5 <input type="checkbox"/> Never</div> <div>6 <input type="checkbox"/> Don't know</div>				
32. (On average, during the last 6 months,) how often have you ridden public transportation? <i>(Read answer categories until respondent answers yes.)</i> Do not include school buses. Mark (X) the first category that applies.						<div>504</div> <div>1 <input type="checkbox"/> Almost every day (or more frequently)</div> <div>2 <input type="checkbox"/> At least once a week</div> <div>3 <input type="checkbox"/> At least once a month</div> <div>4 <input type="checkbox"/> Less often</div> <div>5 <input type="checkbox"/> Never</div> <div>6 <input type="checkbox"/> Don't know</div>				
If unsure, ASK OR VERIFY – 33a. How long have you lived at this address? <i>(Enter number of months OR years.)</i>						<div>505</div> _____ Months (1-11) – SKIP to 33b OR <div>506</div> _____ Years (Round to nearest whole – year) <i>Fill Check Item A</i>				
<div>CHECK ITEM A</div> <div>How many years are entered in 33a?</div>						<div><input type="checkbox"/> 5 years or more – SKIP to 34</div> <div><input type="checkbox"/> Less than 5 years – Ask 33b</div>				
33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 19 __?						<div>508</div> _____ Number of times				

HOUSEHOLD RESPONDENT'S SCREEN QUESTIONS

34. Does anyone in this household operate a business from this address?

530 1 ☐ Yes - *Go to 35*
2 ☐ No - **SKIP** to 36a

PERSONAL – *Fill by observation.*
TELEPHONE – *Ask.*

35. Is there a sign on the premises or some other indication to the general public that a business is operated from this address?

531 1 ☐ Yes (Recognizable business)
 2 ☐ No (Unrecognizable business)

36a. I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 19 ____.

Was something belonging to YOU stolen, such as -

- (a) Things that you carry, like luggage, a wallet, purse, briefcase, book -
- (b) Clothing, jewelry, or calculator -
- (c) Bicycle or sports equipment -
- (d) Things in your home - like a TV, stereo, or tools
- (e) Things outside your home such as a garden hose or lawn furniture -
- (f) Things belonging to children in the household -
- (g) Things from a vehicle, such as a package, groceries, camera, or cassette tapes -

OR

- (h) Did anyone **ATTEMPT** to steal anything belonging to you?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

36b. Did any incidents of this type happen to you?

532 1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 37a

36c. How many times?

533	Number of times (36c)
-----	-----------------------

37a. (Other than any incidents already mentioned,) has anyone –

- (a) Broken in or ATTEMPTED to break into your home by forcing a door or window, pushing past someone, jimmying a lock, cutting a screen, or entering through an open door or window?**
- (b) Has anyone illegally gotten in or tried to get into a garage, shed or storage room?**

OR

- (c) Illegally gotten in or tried to get into a hotel or motel room or vacation home where you were staying?**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

37b. Did any incidents of this type happen to you?

534 1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP to 38**

37c. How many times?

535

Number of times (37c)

HOUSEHOLD RESPONDENT'S SCREEN QUESTIONS

38. What was the TOTAL number of cars, vans, trucks, motorcycles, or other motor vehicles owned by you or any other member of this household during the last 6 months? Include those you no longer own.

536 0 ☐ None – **SKIP** to 40a
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4 or more

39a. During the last 6 months, (other than any incidents already mentioned,) (was the vehicle/were any of the vehicles) –

(a) Stolen or used without permission?

(b) Did anyone steal any parts such as a tire, tape deck, hubcap or battery?

(c) Did anyone steal any gas from (it/them)?

OR

(d) Did anyone ATTEMPT to steal any vehicle or parts attached to (it/them)?

[illegible]

39b. Did any incidents of this type happen to you?

537 1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 40a

39c. How many times?

538 _____

40a. (Other than any incidents already mentioned,) since _____, 19 ____, were you attacked or threatened OR did you have something stolen from you –

- (a) At home including the porch or yard –
- (b) At or near a friend's, relative's, or neighbor's home –
- (c) At work or school –
- (d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport –
- (e) While riding in any vehicle –
- (f) On the street or in a parking lot –
- (g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting –

OR

- (h) Did anyone **ATTEMPT** to attack or **ATTEMPT** to steal anything belonging to you from any of these places?

[illegible]

40b. Did any incidents of this type happen to you?

539 1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 41a

40c. How many times?

540 _____
Number of times (40c)

HOUSEHOLD RESPONDENT'S SCREEN QUESTIONS

41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways (*Exclude telephone threats*) –

- (a)** With any weapon, for instance, a gun or knife –
- (b)** With anything like a baseball bat, frying pan, scissors, or stick –
- (c)** By something thrown, such as a rock or bottle –
- (d)** Include any grabbing, punching, or choking,
- (e)** Any rape, attempted rape or other type of sexual attack –
- (f)** Any face to face threats –

OR

- (g)** Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Number of times (41c)

[illegible]

Number of times (42c)

Number of times (43c)

HOUSEHOLD RESPONDENT’S SCREEN QUESTIONS				
44a. During the last 6 months, (other than any incidents already mentioned) did you call the police to report something that happened to YOU which you thought was a crime?		Briefly describe incident(s) ➤		
		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
		<div><div></div><div>547</div><div>1 <input type="checkbox"/> Yes – What happened? Describe above</div><div>2 <input type="checkbox"/> No – SKIP to 45a</div></div>		
		<div>548</div> <div>*</div>	<div></div> <div></div> <div></div> <div></div>	OFFICE USE ONLY
CHECK ITEM B	Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div><div>549</div><div>1 <input type="checkbox"/> Yes – ASK 44b</div><div>2 <input type="checkbox"/> No – SKIP to 45a</div></div>		
44b. How many times?		<div><div>550</div><div></div><div>Number of times (44b)</div></div>		
45a. During the last 6 months, (other than any incidents already mentioned) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?		Briefly describe incident(s) ➤		
		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
		<div><div></div><div>551</div><div>1 <input type="checkbox"/> Yes – What happened? Describe above</div><div>2 <input type="checkbox"/> No – SKIP to Check Item D</div></div>		
		<div>552</div> <div>*</div>	<div></div> <div></div> <div></div> <div></div>	OFFICE USE ONLY
CHECK ITEM C	Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div><div>553</div><div>1 <input type="checkbox"/> Yes – ASK 45b</div><div>2 <input type="checkbox"/> No – SKIP to Check Item D</div></div>		
45b. How many times?		<div><div>554</div><div></div><div>Number of times (45b)</div></div>		
CHECK ITEM D	Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	<div><div>555</div><div>*</div><div>1 <input type="checkbox"/> Telephone interview – SKIP to 46a</div><div>Personal interview – Mark all that apply.</div><div>2 <input type="checkbox"/> No one besides respondent present</div><div>3 <input type="checkbox"/> Respondent’s spouse</div><div>4 <input type="checkbox"/> HHLD member(s) 12+, not spouse</div><div>5 <input type="checkbox"/> HHLD member(s) under 12</div><div>6 <input type="checkbox"/> Nonhousehold member(s)</div><div>7 <input type="checkbox"/> Someone was present – Can’t say who</div><div>8 <input type="checkbox"/> Don’t know if someone else present</div></div>		
CHECK ITEM E	If self-response interview, SKIP to 46a. Did the person for whom this interview was taken help the proxy respondent answer any screen questions?	<div><div>556</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Person for whom interview taken not present</div></div>		

HOUSEHOLD RESPONDENT’S VANDALISM SCREEN QUESTIONS

46a. Now I'd like to ask about ALL acts of vandalism that may have been committed during the last 6 months against YOUR household. Vandalism is the deliberate, intentional damage to or destruction of household property. Examples are breaking windows, slashing tires, and painting graffiti on walls.

Since _____, 19 ____, has anyone intentionally damaged or destroyed property owned by you or someone else in your household?

(EXCLUDE any damage done in conjunction with incidents already mentioned.)

557

☐ Yes

☐ No – **SKIP** to Check Item G

46b. What kind of property was damaged or destroyed in this/these act(s) of vandalism? Anything else?

Continue asking "Anything else?" until you get a "No" response.
Mark (X) all property that was damaged or destroyed by vandalism during reference period.

558

*

☐ Motor vehicle (including parts)

☐ Bicycle (including parts)

☐ Mailbox

☐ House window/screen/door

☐ Yard or garden (trees, shrubs, fence, etc.)

☐ Furniture, other household goods

☐ Clothing

☐ Animal (pet, livestock, etc.)

☐ Other – Specify ➤

46c. What kind of damage was done in this/these act(s) of vandalism? Anything else?

Continue asking "Anything else?" until you get a "No" response.
Mark (X) all kinds of damage by vandals that occurred during reference period.

559

*

☐ Broken glass: window, windshield, glass in door, mirror

☐ Defaced: marred, graffiti, dirtied

☐ Burned: use of fire, heat or explosives

☐ Drove into or ran over with vehicle

☐ Other breaking or tearing

☐ Injured or killed animals

☐ Other – Specify ➤

46d. What was the total dollar amount of the damage caused by this/these act(s) of vandalism during the last 6 months? (Use repair costs if the property was repaired.)

(EXCLUDE any damage done in incidents already mentioned.)

560

\$

00

– **SKIP** to Check Item F1

☒ Don't know

☐ No cost – **SKIP** to Check Item F1

46e. Was the damage under \$100 or \$100 or more?

(INCLUDE total amount for all incidents of vandalism during the last 6 months.)

561

☐ Under \$100

☐ \$100 or more

☐ Don't know

CHECK ITEM F1

Look at 46a. If unsure, ASK, otherwise, mark without asking. In the vandalism just mentioned, were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member? (other than any incident(s) already mentioned)

Briefly describe incident(s) ➤

562

☐ Yes – What happened?
Describe above

☐ No – **SKIP** to 46g

46f. How many times?

563

Number of times (46f)

FIELD REPRESENTATIVE – Go to 46g before completing Check Item G.

NOTES

HOUSEHOLD RESPONDENT’S VANDALISM SCREEN QUESTIONS

46g. Hate crimes are motivated by dislike for members of specific groups.

Was any of the vandalism just discussed motivated by dislike for:

- (a) People of your race?

564

1 ☐ Yes

2 ☐ No

3 ☐ Don’t know
- (b) People of your religion?

565

1 ☐ Yes

2 ☐ No

3 ☐ Don’t know
- (c) People of your ethnic background or national origin (for example, people of Hispanic origin)? . . .

566

1 ☐ Yes

2 ☐ No

3 ☐ Don’t know
- (d) People with disabilities (by this I mean physical, mental or developmental disabilities)? . .

567

1 ☐ Yes

2 ☐ No

3 ☐ Don’t know
- (e) People of your gender?

568

1 ☐ Yes

2 ☐ No

3 ☐ Don’t know
- (f) People because of their sexual orientation?

569

1 ☐ Yes

2 ☐ No

3 ☐ Don’t know
- If "Yes," SAY – by this I mean gay, lesbian, bisexual or heterosexual

(g) Any other reason? (Ask only if "No" is marked in all boxes a–f.)

570

1 ☐ Yes –Specify ↗

2 ☐ No

3 ☐ Don’t know

571

Describe in detail

CHECK ITEM F2

Are all boxes in 46g marked "No" or "Don’t know?"

☐ Yes – **SKIP** to Check Item G

☐ No – Ask 46h

46h. What occurred that makes you believe any of the vandalism was motivated by dislike for (Name all the reason(s) marked "Yes" in categories a–f or read the write-in entry in 46g, category g.)?

FIELD REPRESENTATIVE – →

Write a detailed account of the reason(s) the respondent feels the vandalism was motivated by dislike.

PERSONAL INTERVIEW —

After writing the detailed account, hand the respondent the NCVS-554(X) flashcard and ask –

Which of these categories describe why you believe the vandalism was motivated by dislike?

Mark (X) all that apply.

TELEPHONE INTERVIEW –

Read each category and mark ALL the categories that the respondent tells you why he/she believes the vandalism was motivated by dislike.

572

Describe in detail

Respondent’s classifications based on flashcard

- 573

*

1 ☐ Offender made negative comments or used other hate or abusive language about the group

2 ☐ Hate symbols were present. (for example, written words, a burning cross, a swastika, or other graffiti)

3 ☐ You believe the offender was a member of a group known to have committed similar acts

4 ☐ Investigation by the police confirmed that the incident was motivated by dislike of a particular group

5 ☐ Incident occurred at or near a location, place, or building commonly associated with a specific group (for example, a building such as a synagogue or a gay bar)

6 ☐ Other similar incidents have happened to you or in the area/neighborhood

7 ☐ Your feeling, instinct, or perception, without specific evidence

8 ☐ Other – Specify ↗
-
-

HOUSEHOLD RESPONDENT’S CHECK ITEM G

CHECK
ITEM G

Transcribe "number of times" entry for each of the following:

☐ No entries transcribed below – Go to Check Item H

- (a) Screen Question, Item 36c, page 3
- (b) Screen Question, Item 37c, page 3
- (c) Screen Question, Item 39c, page 4
- (d) Screen Question, Item 40c, page 4
- (e) Screen Question, Item 41c, page 5
- (f) Screen Question, Item 42c, page 5
- (g) Screen Question, Item 43c, page 5
- (h) Screen Question, Item 44b, page 6
- (i) Screen Question, Item 45b, page 6
- (j) Vandalism Screen Question, Item 46f, page 7

_____ Number of times (36c)
_____ Number of times (37c)
_____ Number of times (39c)
_____ Number of times (40c)
_____ Number of times (41c)
_____ Number of times (42c)
_____ Number of times (43c)
_____ Number of times (44b)
_____ Number of times (45b)
_____ Number of times (46f)

FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this **before** marking Check Item H.

HOUSEHOLD RESPONDENT’S EMPLOYMENT AND HOME PROTECTION QUESTIONS

CHECK
ITEM H

Is the respondent 16 years or older?

- 1 ☐ Yes – Ask 47a
- 2 ☐ No – **SKIP** to 49

47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.)

(If farm or business operator in household, ask about unpaid work.)

- 576**
- 1 ☐ Yes – **SKIP** to 48a
 - 2 ☐ No – Ask 47b

ASK OR VERIFY –

47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?

- 577**
- 1 ☐ Yes – Ask 47c
 - 2 ☐ No – **SKIP** to 49

47c. Did that (job/work) last 2 consecutive weeks or more?

- 578**
- 1 ☐ Yes – Ask 48a
 - 2 ☐ No – **SKIP** to 49

ASK OR VERIFY –

48a. Which of the following best describes your job?

PERSONAL INTERVIEW (Show flashcard)

TELEPHONE INTERVIEW – **Were you employed in the** (Read main headings until you get a yes. Then read answer categories) –

Mark (X) only one category.

579

Medical Profession – As a –

- 1 ☐ Physician
- 2 ☐ Nurse
- 3 ☐ Technician
- 4 ☐ Other – Specify _____

Mental Health Services Field – Are your duties –

- 5 ☐ Professional (Social worker/psychiatrist)
- 6 ☐ Custodial care
- 7 ☐ Other – Specify _____

Teaching Profession – Were you employed in a –

- 8 ☐ Preschool
- 9 ☐ Elementary
- 10 ☐ Junior high or middle school
- 11 ☐ High school
- 12 ☐ College or university
- 13 ☐ Technical or industrial school
- 14 ☐ Special education facility
- 15 ☐ Other – Specify _____

Law Enforcement or Security Field – Were you employed as a –

- 16 ☐ Law enforcement officer
- 17 ☐ Prison or jail guard
- 18 ☐ Security guard
- 19 ☐ Other – Specify _____

Retail Sales – Were you employed as a –

- 20 ☐ Convenience or liquor store clerk
- 21 ☐ Gas station attendant
- 22 ☐ Bartender
- 23 ☐ Other – Specify _____

Transportation Field – Were you employed as a –

- 24 ☐ Bus driver
- 25 ☐ Taxi cab driver
- 26 ☐ Other – Specify _____

OR

- 27 ☐ **Something else – Specify** _____

HOUSEHOLD RESPONDENT’S EMPLOYMENT AND HOME PROTECTION QUESTIONS		
<div>ASK OR VERIFY –</div> <div>48b. Is your job with <i>(Read answer categories)</i> –</div>		<div>580</div> <div>1 <input type="checkbox"/> A private company, business, or individual for wages?</div> <div>2 <input type="checkbox"/> The Federal government?</div> <div>3 <input type="checkbox"/> A State, county, or local government?</div> <div>4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?</div>
<div>If box 12 is marked in 48a, mark without asking.</div> <div>48c. Are you employed by a college or university?</div>		<div>581</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
<div>48d. While working at your job, do you work mostly in <i>(Read answer categories)</i> –</div>		<div>582</div> <div>1 <input type="checkbox"/> A city?</div> <div>2 <input type="checkbox"/> Suburban area?</div> <div>3 <input type="checkbox"/> Rural area?</div> <div>4 <input type="checkbox"/> Combination of any of these?</div>
<div>49. We’re interested in finding out if people we talk to do anything in particular to keep thieves or intruders out of their homes. Does your household have any special DEVICES such as dead bolt locks, electric timers for lights, or an alarm system? Do not include animals.</div>		<div>583</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
<div>50a. Is there an organized neighborhood watch or citizens’ protection group for your area?</div>		<div>584</div> <div>1 <input type="checkbox"/> Yes – Ask 50b</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don’t know</div> <div>} SKIP to Check Item I</div>
<div>50b. Do you, or does anyone in your household, take part?</div>		<div>585</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don’t know</div>
<div>CHECK ITEM I</div>	<div>Is this the last household member to be interviewed?</div>	<div><input type="checkbox"/> Yes – Ask or verify Control Card items. Then END interview.</div> <div><input type="checkbox"/> No – Ask or verify Control Card items. See note below before interviewing next household member.</div>
<div>FIELD REPRESENTATIVE – If the next household member to be interviewed is under 18, tell the household respondent that you will be asking the same questions you just asked him/her.</div>		

INDIVIDUAL’S PERSONAL CHARACTERISTICS

17. NAME		18. Type of interview	19. Line No.
Last		401 1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy 4 <input type="checkbox"/> Tel. – Proxy } Fill 13 on cover page 5 <input type="checkbox"/> Noninterview (Type Z) – Fill 19–28 on this page and 14 on cover page	402 Line No.
First			

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

20. (cc 13b) Relationship to reference person	21. (cc 17) Age last birthday	22a. (cc 18) Marital status THIS survey period	22b. (From previous enumeration) Marital status LAST survey period	23. (cc 19) Sex	24. (cc 20) Armed Forces member	25a. (cc 21a) Education -highest grade	25b. (cc 21b) Education -complete that year?	26. (cc 22) Attending school	27. (cc 23) Race	28. (cc 24) Hispanic origin
403 01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	404 Age	405 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	406 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	407 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	409 Grade	410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	411 0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	412 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Amer. Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian, Pacific Islander 5 <input type="checkbox"/> Other	413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

29. Date of interview	501	Month	Day	Year
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30. Before we get to the crime questions, I’d like to ask you about some of YOUR usual activities. We have found that people with different lifestyles may be more or less likely to become victims of crime. On average, during the last 6 months, that is, since _____, 19 ____, how often have YOU gone shopping? For example at drug, clothing, grocery, hardware and convenience stores. (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.	502 1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don’t know
--	--

31. (On average, during the last 6 months,) how often have you spent the evening out away from home for work, school or entertainment? (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.	503 1 <input type="checkbox"/> Almost every evening (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don’t know
--	--

32. (On average, during the last 6 months,) how often have you ridden public transportation? (Read answer categories until respondent answers yes.) Do not include school buses. Mark (X) the first category that applies.	504 1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don’t know
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If unsure, ASK OR VERIFY – 33a. How long have you lived at this address? (Enter number of months OR years.)	505	_____ Months (1-11) – SKIP to 33b
	OR	
	506	_____ Years (Round to nearest whole – year) Fill Check Item A

CHECK ITEM A	How many years are entered in 33a?	<input type="checkbox"/> 5 years or more – SKIP to 36a <input type="checkbox"/> Less than 5 years – Ask 33b
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33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 19 __?	508	_____ Number of times
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INDIVIDUAL'S SCREEN QUESTIONS

36a. I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 19 ____.

Was something belonging to YOU stolen, such as –

- (a) Things that you carry, like luggage, a wallet, purse, briefcase, book –**
- (b) Clothing, jewelry, or calculator –**
- (c) Bicycle or sports equipment –**
- (d) Things in your home – like a TV, stereo, or tools –**
- (e) Things from a vehicle, such as a package, groceries, camera, or cassette tapes –**

OR

- (f) Did anyone ATTEMPT to steal anything belonging to you?**

Briefly describe incident(s) ↴

[illegible]

MARK OR ASK –

- 36b. Did any incidents of this type happen to you?**

532

- 1 ☐ Yes – **What happened?**
Describe above
- 2 ☐ No – **SKIP** to 40a

- 36c. How many times?**

533

Number of times (36c)

40a. (Other than any incidents already mentioned,) since _____, 19 ____, were you attacked or threatened OR did you have something stolen from you -

- (a) At home including the porch or yard –**
- (b) At or near a friend's, relative's, or neighbor's home –**
- (c) At work or school –**
- (d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport –**
- (e) While riding in any vehicle –**
- (f) On the street or in a parking lot –**
- (g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting –**

OR

- (h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?**

Briefly describe incident(s) ↗

[illegible]

MARK OR ASK -

- 40b. Did any incidents of this type happen to you?**

539

- 1 ☐ Yes – **What happened?**
Describe above
- 2 ☐ No – **SKIP** to 41a

- 40c. How many times?**

540

Number of times (40c)

INDIVIDUAL'S SCREEN QUESTIONS

41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways (*Exclude telephone threats*) –

- (a)** With any weapon, for instance, a gun or knife –
- (b)** With anything like a baseball bat, frying pan, scissors, or stick –
- (c)** By something thrown, such as a rock or bottle –
- (d)** Include any grabbing, punching, or choking,
- (e)** Any rape, attempted rape or other type of sexual attack –
- (f)** Any face to face threats –

OR

- (g)** Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

[illegible]

542 _____
Number of times (41c)

544 _____
Number of times (42c)

546 _____
Number of times (43c)

INDIVIDUAL'S SCREEN QUESTIONS				
44a. During the last 6 months, (other than any incidents already mentioned) did you call the police to report something that happened to YOU which you thought was a crime?		Briefly describe incident(s) ↗		
		<div></div>		
		<div></div>		
		<div>547</div> 1 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to 45a		
		<div>548</div> <div>*</div> <div></div> <div></div> <div></div> <div></div> OFFICE USE ONLY		
CHECK ITEM B	Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>549</div> 1 <input type="checkbox"/> Yes – ASK 44b 2 <input type="checkbox"/> No – SKIP to 45a		
44b. How many times?		<div>550</div> <div></div> Number of times (44b)		
45a. During the last 6 months, (other than any incidents already mentioned) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?		Briefly describe incident(s) ↗		
		<div></div>		
		<div></div>		
		<div>551</div> 1 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to Check Item D		
		<div>552</div> <div>*</div> <div></div> <div></div> <div></div> <div></div> OFFICE USE ONLY		
CHECK ITEM C	Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>553</div> 1 <input type="checkbox"/> Yes – ASK 45b 2 <input type="checkbox"/> No – SKIP to Check Item D		
45b. How many times?		<div>554</div> <div></div> Number of times (45b)		
CHECK ITEM D	Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	<div>555</div> <div>*</div> 1 <input type="checkbox"/> Telephone interview – SKIP to Check Item G Personal interview – Mark all that apply. 2 <input type="checkbox"/> No one besides respondent present 3 <input type="checkbox"/> Respondent's spouse 4 <input type="checkbox"/> HHLd member(s) 12+, not spouse 5 <input type="checkbox"/> HHLd member(s) under 12 6 <input type="checkbox"/> Nonhousehold member(s) 7 <input type="checkbox"/> Someone was present – Can't say who 8 <input type="checkbox"/> Don't know if someone else present		
CHECK ITEM E	If self-response interview, SKIP to Check Item G. Did the person for whom this interview was taken help the proxy respondent answer any screen questions?	<div>556</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Person for whom interview taken not present		
CHECK ITEM G	Transcribe "number of times" entry for each of the following: (a) Screen Question, Item 36c, page 12 (b) Screen Question, Item 40c, page 12 (c) Screen Question, Item 41c, page 13 (d) Screen Question, Item 42c, page 13 (e) Screen Question, Item 43c, page 13 (f) Screen Question, Item 44b, page 14 (g) Screen Question, Item 45b, page 14	<div><input type="checkbox"/> No entries transcribed below – Go to Check Item H</div> <div></div> Number of times (36c) <div></div> Number of times (40c) <div></div> Number of times (41c) <div></div> Number of times (42c) <div></div> Number of times (43c) <div></div> Number of times (44b) <div></div> Number of times (45b)		
FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this before marking Check Item H.				

INDIVIDUAL'S EMPLOYMENT QUESTIONS	
Be sure to fill any incident reports before marking Check Item H.	
CHECK ITEM H	<div>Is the respondent 16 years or older?</div> <div>1 <input type="checkbox"/> Yes – Ask 47a</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item I</div>
47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i>	576 <div>1 <input type="checkbox"/> Yes – SKIP to 48a</div> <div>2 <input type="checkbox"/> No – Ask 47b</div>
ASK OR VERIFY –	
47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?	577 <div>1 <input type="checkbox"/> Yes – Ask 47c</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item I</div>
47c. Did that (job/work) last 2 consecutive weeks or more?	578 <div>1 <input type="checkbox"/> Yes – Ask 48a</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item I</div>
ASK OR VERIFY –	
48a. Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>	579 <div>Medical Profession – As a –<div>1 <input type="checkbox"/> Physician</div><div>2 <input type="checkbox"/> Nurse</div><div>3 <input type="checkbox"/> Technician</div><div>4 <input type="checkbox"/> Other – Specify _____</div></div> <div>Mental Health Services Field – Are your duties –<div>5 <input type="checkbox"/> Professional (Social worker/psychiatrist)</div><div>6 <input type="checkbox"/> Custodial care</div><div>7 <input type="checkbox"/> Other – Specify _____</div></div> <div>Teaching Profession – Were you employed in a –<div>8 <input type="checkbox"/> Preschool</div><div>9 <input type="checkbox"/> Elementary</div><div>10 <input type="checkbox"/> Junior high or middle school</div><div>11 <input type="checkbox"/> High school</div><div>12 <input type="checkbox"/> College or university</div><div>13 <input type="checkbox"/> Technical or industrial school</div><div>14 <input type="checkbox"/> Special education facility</div><div>15 <input type="checkbox"/> Other – Specify _____</div></div> <div>Law Enforcement or Security Field – Were you employed as a –<div>16 <input type="checkbox"/> Law enforcement officer</div><div>17 <input type="checkbox"/> Prison or jail guard</div><div>18 <input type="checkbox"/> Security guard</div><div>19 <input type="checkbox"/> Other – Specify _____</div></div> <div>Retail Sales – Were you employed as a –<div>20 <input type="checkbox"/> Convenience or liquor store clerk</div><div>21 <input type="checkbox"/> Gas station attendant</div><div>22 <input type="checkbox"/> Bartender</div><div>23 <input type="checkbox"/> Other – Specify _____</div></div> <div>Transportation Field – Were you employed as a –<div>24 <input type="checkbox"/> Bus driver</div><div>25 <input type="checkbox"/> Taxi cab driver</div><div>26 <input type="checkbox"/> Other – Specify _____</div></div> <div>OR<div>27 <input type="checkbox"/> Something else – Specify _____</div></div>
ASK OR VERIFY –	
48b. Is your job with <i>(Read answer categories) –</i>	580 <div>1 <input type="checkbox"/> A private company, business, or individual for wages?</div> <div>2 <input type="checkbox"/> The Federal government?</div> <div>3 <input type="checkbox"/> A State, county, or local government?</div> <div>4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?</div>
If box 12 is marked in 48a, mark without asking.	
48c. Are you employed by a college or university?	581 <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
48d. While working at your job, do you work mostly in <i>(Read answer categories) –</i>	582 <div>1 <input type="checkbox"/> A city?</div> <div>2 <input type="checkbox"/> Suburban area?</div> <div>3 <input type="checkbox"/> Rural area?</div> <div>4 <input type="checkbox"/> Combination of any of these?</div>
CHECK ITEM I	<div>Is this the last household member to be interviewed?</div> <div><input type="checkbox"/> Yes – END interview.</div> <div><input type="checkbox"/> No – See note below before interviewing next household member.</div>
FIELD REPRESENTATIVE – If the current respondent is a parent or legal guardian and the next household member to be interviewed is under 18, tell the current respondent that you will be asking the same questions you just asked him/her.	

INDIVIDUAL’S PERSONAL CHARACTERISTICS

17. NAME		18. Type of interview	19. Line No.
Last		401 1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy 4 <input type="checkbox"/> Tel. – Proxy } Fill 13 on cover page 5 <input type="checkbox"/> Noninterview (Type Z) – Fill 19–28 on this page and 14 on cover page	402 Line No.
First			

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

20. (cc 13b) Relationship to reference person	21. (cc 17) Age last birthday	22a. (cc 18) Marital status THIS survey period	22b. (From previous enumeration) Marital status LAST survey period	23. (cc 19) Sex	24. (cc 20) Armed Forces member	25a. (cc 21a) Education -highest grade	25b. (cc 21b) Education -complete that year?	26. (cc 22) Attending school	27. (cc 23) Race	28. (cc 24) Hispanic origin
403 01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	404 Age	405 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	406 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	407 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	409 Grade	410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	411 0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	412 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Amer. Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian, Pacific Islander 5 <input type="checkbox"/> Other	413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

29. Date of interview	501	<div>Month</div>	<div>Day</div>	<div>Year</div>
30. Before we get to the crime questions, I'd like to ask you about some of YOUR usual activities. We have found that people with different lifestyles may be more or less likely to become victims of crime. On average, during the last 6 months, that is, since _____, 19 ____, how often have YOU gone shopping? For example at drug, clothing, grocery, hardware and convenience stores. (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.	502	1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know		
31. (On average, during the last 6 months,) how often have you spent the evening out away from home for work, school or entertainment? (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.	503	1 <input type="checkbox"/> Almost every evening (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know		
32. (On average, during the last 6 months,) how often have you ridden public transportation? (Read answer categories until respondent answers yes.) Do not include school buses. Mark (X) the first category that applies.	504	1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know		
If unsure, ASK OR VERIFY – 33a. How long have you lived at this address? (Enter number of months OR years.)	505	_____ Months (1-11) – SKIP to 33b OR 506 _____ Years (Round to nearest whole – year) Fill Check Item A		
CHECK ITEM A How many years are entered in 33a?		<input type="checkbox"/> 5 years or more – SKIP to 36a <input type="checkbox"/> Less than 5 years – Ask 33b		
33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 19 __?	508	_____ Number of times		

INDIVIDUAL'S SCREEN QUESTIONS		
<p>36a. I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.</p> <p>As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 19 ____.</p> <p>Was something belonging to YOU stolen, such as –</p> <p>(a) Things that you carry, like luggage, a wallet, purse, briefcase, book –</p> <p>(b) Clothing, jewelry, or calculator –</p> <p>(c) Bicycle or sports equipment –</p> <p>(d) Things in your home – like a TV, stereo, or tools –</p> <p>(e) Things from a vehicle, such as a package, groceries, camera, or cassette tapes –</p> <p>OR</p> <p>(f) Did anyone ATTEMPT to steal anything belonging to you?</p>	<p>Briefly describe incident(s) ➤</p> <div></div>	
<p>MARK OR ASK –</p> <p>36b. Did any incidents of this type happen to you?</p>		<div><div>532</div><div>1 <input type="checkbox"/> Yes – What happened? Describe above</div><div>2 <input type="checkbox"/> No – SKIP to 40a</div></div>
<p>36c. How many times?</p>		<div><div>533</div><div></div><div>Number of times (36c)</div></div>
<p>40a. (Other than any incidents already mentioned,) since _____, 19 ____, were you attacked or threatened OR did you have something stolen from you –</p> <p>(a) At home including the porch or yard –</p> <p>(b) At or near a friend's, relative's, or neighbor's home –</p> <p>(c) At work or school –</p> <p>(d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport –</p> <p>(e) While riding in any vehicle –</p> <p>(f) On the street or in a parking lot –</p> <p>(g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting –</p> <p>OR</p> <p>(h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?</p>	<p>Briefly describe incident(s) ➤</p> <div></div>	
<p>MARK OR ASK –</p> <p>40b. Did any incidents of this type happen to you?</p>		<div><div>539</div><div>1 <input type="checkbox"/> Yes – What happened? Describe above</div><div>2 <input type="checkbox"/> No – SKIP to 41a</div></div>
<p>40c. How many times?</p>		<div><div>540</div><div></div><div>Number of times (40c)</div></div>

INDIVIDUAL'S SCREEN QUESTIONS

41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways (*Exclude telephone threats*) –

- (a)** With any weapon, for instance, a gun or knife –
- (b)** With anything like a baseball bat, frying pan, scissors, or stick –
- (c)** By something thrown, such as a rock or bottle –
- (d)** Include any grabbing, punching, or choking,
- (e)** Any rape, attempted rape or other type of sexual attack –
- (f)** Any face to face threats –

OR

- (g)** Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

[illegible]

41b. Did any incidents of this type happen to you?

	541	1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i>
		2 <input type="checkbox"/> No – SKIP to 42a

41c. How many times?

542 _____
Number of times (41c)

42a. People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by (Exclude telephone threats) –

- (a) Someone at work or school –**
- (b) A neighbor or friend –**
- (c) A relative or family member –**
- (d) Any other person you've met or known?**

[illegible]

42b. Did any incidents of this type happen to you?

543 1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 43a

42c. How many times?

544 _____
Number of times (42c)

43a. Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by –

- (a) Someone you didn't know before –**
- (b) A casual acquaintance –**

OR

- (c) Someone you know well?**

43b. Did any incidents of this type happen to you?

545 1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 44a

43c. How many times?

	546	Number of times (43c)
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INDIVIDUAL'S SCREEN QUESTIONS				
44a. During the last 6 months, (other than any incidents already mentioned) did you call the police to report something that happened to YOU which you thought was a crime?		Briefly describe incident(s)		
		<div></div>		
		<div></div>		
		<div>547</div> 1 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to 45a		
		<div>548</div>	<div>*</div>	OFFICE USE ONLY
CHECK ITEM B	Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>549</div> 1 <input type="checkbox"/> Yes – ASK 44b 2 <input type="checkbox"/> No – SKIP to 45a		
44b. How many times?		<div>550</div> <div>Number of times (44b)</div>		
45a. During the last 6 months, (other than any incidents already mentioned) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?		Briefly describe incident(s)		
		<div></div>		
		<div></div>		
		<div>551</div> 1 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to Check Item D		
		<div>552</div>	<div>*</div>	OFFICE USE ONLY
CHECK ITEM C	Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>553</div> 1 <input type="checkbox"/> Yes – ASK 45b 2 <input type="checkbox"/> No – SKIP to Check Item D		
45b. How many times?		<div>554</div> <div>Number of times (45b)</div>		
CHECK ITEM D	Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	<div>555</div> <div>*</div> 1 <input type="checkbox"/> Telephone interview – SKIP to Check Item G Personal interview – Mark all that apply. 2 <input type="checkbox"/> No one besides respondent present 3 <input type="checkbox"/> Respondent's spouse 4 <input type="checkbox"/> HHLd member(s) 12+, not spouse 5 <input type="checkbox"/> HHLd member(s) under 12 6 <input type="checkbox"/> Nonhousehold member(s) 7 <input type="checkbox"/> Someone was present – Can't say who 8 <input type="checkbox"/> Don't know if someone else present		
CHECK ITEM E	If self-response interview, SKIP to Check Item G. Did the person for whom this interview was taken help the proxy respondent answer any screen questions?	<div>556</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Person for whom interview taken not present		
CHECK ITEM G	Transcribe "number of times" entry for each of the following: (a) Screen Question, Item 36c, page 17 (b) Screen Question, Item 40c, page 17 (c) Screen Question, Item 41c, page 18 (d) Screen Question, Item 42c, page 18 (e) Screen Question, Item 43c, page 18 (f) Screen Question, Item 44b, page 19 (g) Screen Question, Item 45b, page 19	<div><input type="checkbox"/> No entries transcribed below – Go to Check Item H</div> <div>Number of times (36c)</div> <div>Number of times (40c)</div> <div>Number of times (41c)</div> <div>Number of times (42c)</div> <div>Number of times (43c)</div> <div>Number of times (44b)</div> <div>Number of times (45b)</div>		
FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this before marking Check Item H.				

INDIVIDUAL'S EMPLOYMENT QUESTIONS		
Be sure to fill any incident reports before marking Check Item H.		
CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i>		576 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
ASK OR VERIFY –		
47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?		577 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c. Did that (job/work) last 2 consecutive weeks or more?		578 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
ASK OR VERIFY –		
48a. Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>		579 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – <i>Specify</i> _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – <i>Specify</i> _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – <i>Specify</i> _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – <i>Specify</i> _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – <i>Specify</i> _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – <i>Specify</i> _____ OR 27 <input type="checkbox"/> Something else – <i>Specify</i> _____
ASK OR VERIFY –		
48b. Is your job with <i>(Read answer categories) –</i>		580 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
If box 12 is marked in 48a, mark without asking.		
48c. Are you employed by a college or university?		581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d. While working at your job, do you work mostly in <i>(Read answer categories) –</i>		582 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – See note below before interviewing next household member.
FIELD REPRESENTATIVE – If the current respondent is a parent or legal guardian and the next household member to be interviewed is under 18, tell the current respondent that you will be asking the same questions you just asked him/her.		

INDIVIDUAL’S PERSONAL CHARACTERISTICS

17. NAME		18. Type of interview	19. Line No.
Last		401 1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy 4 <input type="checkbox"/> Tel. – Proxy } Fill 13 on cover page 5 <input type="checkbox"/> Noninterview (Type Z) – Fill 19–28 on this page and 14 on cover page	402 Line No.
First			

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

20. (cc 13b) Relationship to reference person	21. (cc 17) Age last birthday	22a. (cc 18) Marital status THIS survey period	22b. (From previous enumeration) Marital status LAST survey period	23. (cc 19) Sex	24. (cc 20) Armed Forces member	25a. (cc 21a) Education -highest grade	25b. (cc 21b) Education -complete that year?	26. (cc 22) Attending school	27. (cc 23) Race	28. (cc 24) Hispanic origin
403 01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	404 Age	405 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	406 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	407 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	409 Grade	410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	411 0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	412 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Amer. Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian, Pacific Islander 5 <input type="checkbox"/> Other	413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

29. Date of interview	501	Month	Day	Year
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30. Before we get to the crime questions, I’d like to ask you about some of YOUR usual activities. We have found that people with different lifestyles may be more or less likely to become victims of crime. On average, during the last 6 months, that is, since _____, 19 ____, how often have YOU gone shopping? For example at drug, clothing, grocery, hardware and convenience stores. (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.	502 1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don’t know
--	--

31. (On average, during the last 6 months,) how often have you spent the evening out away from home for work, school or entertainment? (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.	503 1 <input type="checkbox"/> Almost every evening (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don’t know
--	--

32. (On average, during the last 6 months,) how often have you ridden public transportation? (Read answer categories until respondent answers yes.) Do not include school buses. Mark (X) the first category that applies.	504 1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don’t know
--	--

If unsure, ASK OR VERIFY – 33a. How long have you lived at this address? (Enter number of months OR years.)	505	_____ Months (1-11) – SKIP to 33b
	OR	
	506	_____ Years (Round to nearest whole – year) Fill Check Item A

CHECK ITEM A	How many years are entered in 33a?	<input type="checkbox"/> 5 years or more – SKIP to 36a <input type="checkbox"/> Less than 5 years – Ask 33b
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33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 19 __?	508	_____ Number of times
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INDIVIDUAL'S SCREEN QUESTIONS

36a. I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 19 ____.

Was something belonging to YOU stolen, such as –

- (a) Things that you carry, like luggage, a wallet, purse, briefcase, book –**
- (b) Clothing, jewelry, or calculator –**
- (c) Bicycle or sports equipment –**
- (d) Things in your home – like a TV, stereo, or tools –**
- (e) Things from a vehicle, such as a package, groceries, camera, or cassette tapes –**

OR

- (f) Did anyone ATTEMPT to steal anything belonging to you?**

Briefly describe incident(s) ↗

[illegible]

MARK OR ASK –

- 36b. Did any incidents of this type happen to you?**

532

- 1 ☐ Yes – **What happened?**
Describe above
- 2 ☐ No – **SKIP** to 40a

- 36c. How many times?**

533

Number of times (36c)

40a. (Other than any incidents already mentioned,) since _____, 19 ____, were you attacked or threatened OR did you have something stolen from you -

- (a) At home including the porch or yard –**
- (b) At or near a friend's, relative's, or neighbor's home –**
- (c) At work or school –**
- (d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport –**
- (e) While riding in any vehicle –**
- (f) On the street or in a parking lot –**
- (g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting –**

OR

- (h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?**

Briefly describe incident(s) ↗

[illegible]

MARK OR ASK -

- 40b. Did any incidents of this type happen to you?**

539

- 1 ☐ Yes – **What happened?**
Describe above
- 2 ☐ No – **SKIP** to 41a

- 40c. How many times?**

540

Number of times (40c)

INDIVIDUAL'S SCREEN QUESTIONS

41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways (*Exclude telephone threats*) –

- (a)** With any weapon, for instance, a gun or knife –
- (b)** With anything like a baseball bat, frying pan, scissors, or stick –
- (c)** By something thrown, such as a rock or bottle –
- (d)** Include any grabbing, punching, or choking,
- (e)** Any rape, attempted rape or other type of sexual attack –
- (f)** Any face to face threats –

OR

- (g)** Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

[illegible]

542 _____
Number of times (41c)

544 _____
Number of times (42c)

546 _____
Number of times (43c)

INDIVIDUAL'S SCREEN QUESTIONS				
44a. During the last 6 months, (other than any incidents already mentioned) did you call the police to report something that happened to YOU which you thought was a crime?		Briefly describe incident(s) ↗ 		
		<div>5471 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to 45a</div>		
		548		
CHECK ITEM B	Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>5491 <input type="checkbox"/> Yes – ASK 44b 2 <input type="checkbox"/> No – SKIP to 45a</div>		
44b. How many times?		<div>550</div> <div>Number of times (44b)</div>		
45a. During the last 6 months, (other than any incidents already mentioned) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?		Briefly describe incident(s) ↗ 		
		<div>5511 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to Check Item D</div>		
		552		
CHECK ITEM C	Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>5531 <input type="checkbox"/> Yes – ASK 45b 2 <input type="checkbox"/> No – SKIP to Check Item D</div>		
45b. How many times?		<div>554</div> <div>Number of times (45b)</div>		
CHECK ITEM D	Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	<div>555*1 <input type="checkbox"/> Telephone interview – SKIP to Check Item G Personal interview – Mark all that apply. 2 <input type="checkbox"/> No one besides respondent present 3 <input type="checkbox"/> Respondent's spouse 4 <input type="checkbox"/> HHLd member(s) 12+, not spouse 5 <input type="checkbox"/> HHLd member(s) under 12 6 <input type="checkbox"/> Nonhousehold member(s) 7 <input type="checkbox"/> Someone was present – Can't say who 8 <input type="checkbox"/> Don't know if someone else present</div>		
CHECK ITEM E	If self-response interview, SKIP to Check Item G. Did the person for whom this interview was taken help the proxy respondent answer any screen questions?	<div>5561 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Person for whom interview taken not present</div>		
CHECK ITEM G	Transcribe "number of times" entry for each of the following: (a) Screen Question, Item 36c, page 22 (b) Screen Question, Item 40c, page 22 (c) Screen Question, Item 41c, page 23 (d) Screen Question, Item 42c, page 23 (e) Screen Question, Item 43c, page 23 (f) Screen Question, Item 44b, page 24 (g) Screen Question, Item 45b, page 24	<div><input type="checkbox"/> No entries transcribed below – Go to Check Item H</div> <div>Number of times (36c) Number of times (40c) Number of times (41c) Number of times (42c) Number of times (43c) Number of times (44b) Number of times (45b)</div>		
FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this before marking Check Item H.				

INDIVIDUAL'S EMPLOYMENT QUESTIONS		
Be sure to fill any incident reports before marking Check Item H.		
CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i>		576 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
ASK OR VERIFY –		
47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?		577 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c. Did that (job/work) last 2 consecutive weeks or more?		578 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
ASK OR VERIFY –		
48a. Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>		579 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – <i>Specify</i> _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – <i>Specify</i> _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – <i>Specify</i> _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – <i>Specify</i> _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – <i>Specify</i> _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – <i>Specify</i> _____ OR 27 <input type="checkbox"/> Something else – <i>Specify</i> _____
ASK OR VERIFY –		
48b. Is your job with <i>(Read answer categories) –</i>		580 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
If box 12 is marked in 48a, mark without asking.		
48c. Are you employed by a college or university?		581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d. While working at your job, do you work mostly in <i>(Read answer categories) –</i>		582 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – See note below before interviewing next household member.
FIELD REPRESENTATIVE – If the current respondent is a parent or legal guardian and the next household member to be interviewed is under 18, tell the current respondent that you will be asking the same questions you just asked him/her.		

NOTES